

Recipient Cost Sharing

- A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination*
	Deduct.	Coins.	Copay.	
1. Inpatient Hospital Services			X	\$50 per day up to a maximum of \$200 per admission, not to exceed 50% of the payment the division makes for the first day of care in the hospital. Amount established by the state legislature in AS 47.07.042.
2. Outpatient Hospital Services		X		Five percent of the amount the division pays for the service.
3. Physician Services			X	\$3 for the total amount of service provided during a given date.
4. Prescribed Drugs			X	\$2 for each prescription that is filled or refilled.

* Except for inpatient hospital services, all charges are based on the maximum extent allowed under federal law and regulations, in accordance with AS 47.07.042(b)

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Recipient Cost Sharing (cont.)

B. The method used to collect cost sharing charges for categorically needy individuals:

 X Providers are responsible for collecting the cost sharing charges from individuals.

 The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

The provider must accept the recipient's statement that he or she is unable to pay. The provider may not deny service if the recipient is unable to pay; however, the recipient remains liable for any unpaid cost sharing charges.

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Recipient Cost Sharing (cont.)

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below. In addition to coding of Medicaid coupons, the department provides a 24-hour, toll-free Eligibility Verification System (EVS) a provider can call to verify a person's Medicaid eligibility or exemption from cost sharing.

Adjustments to provider reimbursement amounts and exclusions from cost sharing requirements are programmed into the MMIS.

For children under 18 years of age, the Medicaid coupon shows the individual's date of birth. Providers have been instructed to check the coupon to verify the individual's date of birth before attempting to collect a copayment.

For pregnant woman, the Medicaid coupon shows a Medicaid eligibility code of 11 (pregnant woman). Providers have been instructed not to collect a copayment from a woman with this code on her coupon or who reports she is pregnant at the time of service.

For institutionalized individuals, the MMIS automatically exempts all claims from cost sharing. Providers have been instructed not to collect cost sharing from these institutionalized individuals. Facilities have been instructed to assure that staff accompanying recipients out of the facility for health care visits advise providers of the recipient's institutional status.

Providers of emergency services have been instructed not to collect cost sharing amounts from individuals seeking or obtaining emergency services. When billing for services, providers check a box on the claim form to indicated that the service was for an emergency.

Providers of family planning services and supplies have been instructed not to collect cost sharing amounts for these services. When billing for family planning services and supplies, the provider checks the family planning box on the claim form to indicate that the service is exempt from cost sharing.

The MMIS has been programmed to automatically reduce provider reimbursement by the amount of the applicable cost share, except that all claims for services provided to children under age 18, pregnant women, and institutionalized individuals are exempt from this automatic reduction. Detailed billing instructions have been distributed to all providers through revisions to the division's provider billing manuals. The division has conducted provider training around the state on cost sharing before the implementation of the program. Recipients were notified by mail of the implementation dates, exemptions, and cost sharing amounts before implementation of the program.

- E. Cumulative maximums on charges:

 X State policy does not provide for cumulative maximums.

 Cumulative maximums have been established as described below:

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